

# PURCHASE AGREEMENT

Company Name  
Address  
City, State, Zip Code  
Telephone Number

Date: \_\_\_\_\_  
Purchaser: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SELLER hereby sells, and the undersigned BUYERS hereby purchase, the following described goods:**

MAKE: \_\_\_\_\_ EAR: ( ) LEFT SERIAL # \_\_\_\_\_ CONDITION: \_\_\_\_\_  
( ) RIGHT SERIAL # \_\_\_\_\_ ( ) NEW  
MODEL: \_\_\_\_\_ ( ) BINAURAL ( ) USED  
BATTERY SIZE: \_\_\_\_\_ ACCESSORIES: \_\_\_\_\_ ( ) RECONDITIONED

**BUYERS RIGHT TO CANCEL WITHIN 30 DAYS**

THE BUYER HAS THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON AT ANY TIME PRIOR TO MIDNIGHT OF THE 30TH CALENDAR DAY AFTER ACTUAL RECEIPT OF THE HEARING INSTRUMENT(S). YOU MAY CANCEL THE PURCHASE BY NOTIFYING THE SELLER THAT YOU DO NOT WANT THE HEARING INSTRUMENT(S) BY MAILING A NOTICE BEFORE \_\_\_\_\_ TO THE SELLER AT \_\_\_\_\_ UPON CANCELLATION, THE SELLER MAY KEEP THE FOLLOWING CANCELLATION CHARGES:

\$ \_\_\_\_\_ CANCELLATION FEE  
(NOT TO EXCEED 10%)

ANY COMPLAINTS CONCERNING THE SALE OR SERVICE OF THIS HEARING INSTRUMENT WHICH ARE NOT CORRECTED BY THE SPECIALIST IN HEARING INSTRUMENTS SHOULD BE DIRECTED TO:

The Kentucky Licensing Board for  
Specialists In Hearing Instruments  
P.O. Box 1360  
Frankfort, KY 40602

PURCHASE PRICE \_\_\_\_\_ \$ \_\_\_\_\_

ADDITIONAL ACCESSORIES

\_\_\_\_\_ \$ \_\_\_\_\_

SALES TAX \$ \_\_\_\_\_

TOTAL PURCHASE PRICE \$ \_\_\_\_\_

LESS CREDITS: \_\_\_\_\_

TRADE IN: \_\_\_\_\_

OTHER: \_\_\_\_\_

TOTAL CREDITS \$ \_\_\_\_\_

BALANCE DUE \$ \_\_\_\_\_

"THE PURCHASER HAS BEEN ADVISED AT THE OUTSET OF HIS RELATIONSHIP WITH THE SPECIALIST IN HEARING INSTRUMENTS THAT ANY EXAMINATION(S) OR REPRESENTATION(S) IS NOT AN EXAMINATION, DIAGNOSIS, OR PRESCRIPTION BY A PERSON LICENSED TO PRACTICE MEDICINE IN THIS STATE AND THEREFORE MUST NOT BE REGARDED AS MEDICAL OPINION OR ADVICE."

Buyer acknowledges receipt of a copy of this completed document before signing.

Specialist \_\_\_\_\_ Signature of Purchaser \_\_\_\_\_  
(print)

Signature \_\_\_\_\_

State License Number \_\_\_\_\_ Date: \_\_\_\_\_

# DELIVERY STATEMENT

*Company Name*

*Address*

*City, State, Zip Code*

*Telephone Number*

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Name of Purchaser: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Make of Hearing Instrument(s): \_\_\_\_\_  
Model: \_\_\_\_\_  
Warranty Description: \_\_\_\_\_  
Delivery Date: \_\_\_\_\_  
Ear Fitted:                      ☐ Right      ☐ Left      ☐ Binaural  
Serial Number Right: \_\_\_\_\_  
Serial Number Left: \_\_\_\_\_

The client has the right to cancel this purchase for any reason at any time prior to midnight of the 30th calendar day after actual receipt of the hearing instrument(s). You may cancel the purchase by notifying the seller that you do not want the hearing instrument by mailing a notice before \_\_\_\_\_ to the seller at : \_\_\_\_\_.

Purchase Price                      \$ \_\_\_\_\_  
Less Credits/Trade-in              \$ \_\_\_\_\_  
Net Purchase Price                      \$ \_\_\_\_\_  
Cancellation Fee                      \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Specialist in Hearing Instruments

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date